

HUSKY
P.O. BOX 280747
EAST HARTFORD CT 06128

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES

Page 1
13-000001
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Date: 99 99 9999

DSS CLIENT AUTH REP
FOR DSS CLIENT
ADDRESS

Client ID: 999999999
Worker:
DSS WORKER
Phone: 999-999-9999

Dear DSS CLIENT:

0059 - Choose a HUSKY A Medical Plan

Husky A offers a choice of health plans from which you may choose. Each plan has its own set of health care providers. Health care providers are people and organizations that offer health care services, such as doctors, laboratories, health clinics and hospitals. You will get most of your medical care from the health care providers in your plan.

You must choose a HUSKY A health plan. Everyone in your family who is approved for HUSKY A will get his or her medical and vision care from the health care providers in this plan.

These are the HUSKY A health plans that are available to you and your family. You can only pick **one** plan.

- Community Health Network of Connecticut (CHNCT)
- Aetna Better Health
- AmeriChoice

You have until 10-13-2010 to enroll in a HUSKY A health plan. If you do not pick a plan, you will be assigned to one of the three plans.

Anyone in your family receiving Medicare will be enrolled in our regular Medicaid Program.

There are several ways to enroll in a HUSKY A health plan.

- Complete the form at the end of this notice and mail it in the enclosed postage paid envelope to the HUSKY program.
- FAX the enrollment form to 999-999-9999.
- Call the HUSKY Program at 1-999-999-9999

General Information about the HUSKY A Medical plan choices:

CHNCT, Aetna and AmeriChoice requires you to select a Primary Care Provider (PCP) who is part of their physician network. Your PCP will help you

STATE OF CONNECTICUT

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DEPARTMENT OF SOCIAL SERVICES

Client Number: 999999999 Page 3
13-000001 000003

The HUSKY Program
Connecticut Department of Social Services



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Client ID: 9999999999

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HUSKY A ENROLLMENT FORM

Please use this form to choose a HUSKY A medical plan. If you have any questions, please call HUSKY at 800-656-6684.

These are the HUSKY A medical plans that are available to you and your family. You can only pick one plan. Everyone in your family will receive services from this plan.

To pick a plan, please check the box next to the plan of your choice.

☐ AETNA BETTER HEALTH ☐ AMERICHoice
☐ COMM HLTH NETWORK OF CT INC

Please sign your enrollment form on the line below. Return it to HUSKY in the enclosed envelope. If we have questions, we may need to reach you. Please give us the best phone number where we can reach you during the day.

Signature

Date

Phone Number

Please be sure to sign on the line above. This form will not be processed without a signature.